

CURRENT PUBLIC WORKS PROJECTS

FY06/07

CONTRACT NUMBER & SUBJECT	BID OPENING DATE/TIME & LOCATION	SCHEDULED JOB WALK (PRE-BID MEETING)	PRICE OF PLANS & SPECS	MAILING FEE	PROJECT MANAGER	PROJECT MANAGER PH NO.	COST ESTIMATE OF PROJECT
PWS07-04PKS VETERAN'S PARK FENCE INSTALLATION	September 28, 2006 2:00 PM 1635 Faraday Ave Carlsbad, CA	Anon-mandatory pre-bid meeting and tour of the project site will be held at the intersection of Faraday Avenue and Whitman Way at 1:30 pm on September 14, 2006.	\$20.00	\$5.00	DALE SCHUCK	760-434-2949	\$60,000
PWS07-02ENG EL CAMINO REAL WATER SYSTEM PROJECTS	October 3, 2006 2:00 PM 1635 Faraday Ave Carlsbad, CA	A pre-bid meeting and tour of the project site will NOT be held.	\$50.00	\$10.00	DAVE AHLES	760-602-2748	\$2,445,000

Note: Plans and specifications may be purchased using a credit card by completing the following form and faxing it to the city. Packages may also be purchased by mailing a check to: city of carlsbad, bidding and contracting section, 1635 faraday avenue, carlsbad, ca 92008. They are also available for purchase in the lobby of the city administration building at this address.

CITY OF CARLSBAD PUBLIC WORKS BIDDING & CONTRACTING SECTION 1635 FARADAY AVENUE, CARLSBAD CA 92008-7314 PH: 760-602-4677

DATE: 09/20/2006

INFORMATION FOR CREDIT CARD & CHECK PURCHASES FOR PUBLIC WORKS PROJECTS

To purchase Public Works Plans and Specs with your *credit card* please fax it to: **GRAHAM JORDAN**, **SHIPPING & RECEIVING**, **760-602-0621**. Please fill out completely. Type or print with black ink.

To make a purchase with a *check/money* order, mail this form with the payment to the above address.

PROJECT NO:								
PROJECT NAME:								
# OF SET(S)	CONTACT PERSON							
	COMPANY NAME							
	PHONE / FAX #							
	E-mail Address							
GENERAL CONSTREET ADDRESS: (p)		PPLIER/SUBCONTRACTOR or UPS, GSO or FedEx deliveries)	PLANROOM (FREE)					
CITY: STATE: ZIP CODE:								
MAILING ADDRESS: (If different than physical address.)								
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* * If Priority Mail, additional mailing fee: \$								
ACCOUNT NUMBER FOR ONE OF THE FOLLOWING: (no mailing fee charge added) O UPS ACCT. #: O GOLDEN STATE OVERNIGHT (Please fax your filled-out form to the fax number above.) FEDEX ACCT. #:								
PRIORITY OVER	RNIGHT FIRST OVER	RNIGHT STANDARD OVERNIG	нт П отнек					
☐ MASTERCARD ☐ VISA (We do not accept American Express)								
TOTAL AMOUNT TO BE CHARGED:EXPIRATION DATE:								
Amount for Plans/Sp	ecs: \$	Amount for Postaç	Amount for Postage: \$					
PRINT NAME		SIGNATURE and	GNATURE and TITLE					